HOUSING AUTHORITY OF THE COUNTY OF STANISLAUS
APPLICANT / PARTICIPANT QUESTIONNAIRE

HOUSEHOLD INFORMATION & INCOME SOURCES: List all persons who are currently living in your home (including yourself). If you are an applicant, list only those who will be living with you under the Section 8 Program.

Household Members Name, Social Security # and Date of Birth	Relation to Head of Household	Source / Type of Income	Gross Monthly Income
1. (Head) Name: _____ SS# : Date of Birth:			
2. (Co-Head) Name: _____ SS# : Date of Birth:			
3. Name: _____ SS# : Date of Birth:			
4. Name: _____ SS# : Date of Birth:			
5. Name: _____ SS# : Date of Birth:			
6. Name: _____ SS# : Date of Birth:			
7. Name: _____ SS# : Date of Birth:			
8. Name: _____ SS# : Date of Birth:			
9. Name: _____ SS# : Date of Birth:			
10. Name: _____ SS# : Date of Birth:			

NOTE: If more space is needed list additional family members and/or income on a separate sheet of paper.
Address: _____ Zip: _____ Phone: Hm_____ Wk_____ Ms_____
Emergency Contact Name: _____ Phone: _____ Relationship: _____
Head of Household Marital Status: Never Married_____ Married_____ Separated_____ Widowed_____ Divorced_____

Absent Parent(s) Check here if address unknown ____
Name: _____ Address: _____ DOB: _____ SSN: _____
Name: _____ Address: _____ DOB: _____ SSN: _____

Have you or any other family member ever used any name(s) or Social Security number(s) other than the one you are currently using?
Yes _____ No _____ If yes, list name(s) and SS#(s): _____
The primary language of the Head of Household is: English___ Spanish___ Chinese___ Vietnamese___ Farsi___ Other_____
Have you or anyone in the household ever been terminated from any Housing Subsidy program? Yes _____ No _____
Does anyone in your household owe money to any Housing Authority? Yes _____ No _____

INCOME INFORMATION

ARE YOU OR IS ANYONE IN YOUR HOUSEHOLD:	**YES**	**NO**
1.) Currently employed, or have worked anywhere in the past 12 months? List:		
2.) Expecting to work in the next 12 months?		
3.) On leave of absence from work due to lay-off, medical or military leave?		
4.) Receiving or expecting to receive unemployment benefits or disability benefits in the next 12 months?		
5.) Receiving, expecting to receive or entitled to alimony or child support?		
6.) Receiving, expecting to receive or entitled to veteran benefits?		
7.) Receiving, expecting to receive or entitled to workers compensation insurance benefits?		
8.) Receiving or expecting to receive welfare assistance (AFDC/GA)?		
9.) Receiving or expecting to receive Social Security benefits (including SSI)?		
10.) Receiving or expecting to receive income from a pension, annuities or an accident insurance benefits?		
11.) Receiving cash contributions from individuals not living in the unit or from other agencies?		
12.) The owner of life insurance or burial policies?		
13.) Receiving or expecting to receive a scholarship or grant to go to school or job training?		
14.) Receiving or expecting to receive any other source of income? Explain:		
15.) Expecting anyone to move in or out of the household? Name: Relationship: When:		

ASSET INFORMATION

DOES ANYONE IN THE HOUSEHOLD HAVE ANY ASSEST LISTED BELOW?

Include all assets owned, used, controlled, shared or held jointly with or for anther person(s).

1.) Checking Account	Yes	No	6.) Mortgages / Deeds / Notes	Yes	No
2.) Savings / Credit Union Account	Yes	No	7.) Retirement Funds	Yes	No
3.) Trust Funds / Life or Burial Insurance	Yes	No	8.) IRA / Keough Plans/ etc.	Yes	No
4.) Stocks / Bonds / Certificates of Deposit / Money Market Accounts / etc.	Yes	No	9.) Employee Deferred Compensation	Yes	No
5.) Real Estate/Rental Property	Yes	No	10.) Other: Explain	Yes	No

If you answered Yes to any items listed above, make sure to complete the following items below:

Type of Asset	Family Members Name	Current Value	Amount Owed (if any)	Name & Address of Bank / Other	Account / Policy Number
		$	$		
		$	$		
		$	$		
		$	$		

List all vehicles registered AT YOUR ADDRESS, include license plate number(s): _____
List all vehicles belonging to household members, include license plate number(s): _____
_____
Have you sold or given away real property or other assets in the past two years? Yes _____ No _____
If Yes, what is the current market value of the assets? _____

EXPENSES

Do you pay for child care which enables you or another family member to work or go to school? Yes _____ No _____
If Yes, give name and address of child care provider, weekly cost and name of working family member(s): _____
_____
Is anyone in the household a full-time student over the age of 18 yrs? Yes _____ No _____

FAMILIES WITH DISABILITIES ***(Head or Spouse is permanently disabled or handicapped)***

Do you pay for a care attendant or for any equipment for the disabled member(s) of the family necessary to permit that person or someone else in the family to work? Yes _____ No _____ If Yes, describe the expenses: _____

ELDERLY / DISABLED FAMILIES ONLY ***(Head or Spouse must be a least 62 years of age or permanently disabled or handicapped)***

Do you have Medicare? Yes _____ No _____ If Yes, what is your Medicare premium? $_____
Do you have any other kind of medical insurance? Yes _____ No _____ If Yes, give policy number and agent's name: _____
_____ Medical insurance premium that you pay is $_____ Monthly.
Do you receive Medi-Cal? Yes _____ No _____
Do you have any outstanding medical bills on which you are paying that are not covered by medical insurance? Yes _____ No _____
Do you expect to have any medical expenses during the next 12 months that are not covered by medical insurance? Yes _____ No _____

APPLICANT / TENANT RENTAL INFORMATION

I pay $_____ per month for rent to the landlord. (I understand that I cannot pay more than what is stated on the Lease.)
I pay for Gas: Yes _____ No _____ Electricity: Yes _____ No _____ Water: Yes _____ No _____ Garbage: Yes _____ No _____
The refrigerator in the unit is mine: Yes _____ No _____ The stove in the unit is mine: Yes _____ No _____

TENANT OBLIGATION: **I MUST NOTIFY THE STANISLAUS COUNTY HOUSING AUTHORITY OF ALL INCOME (INCLUDING LUMP SUM PAYMENTS) AND HOUSHOLD MEMBER CHANGES IN WRITING, WITHIN 30 DAYS OF THE CHANGE.**

APPLICANT / PARTISAPANT CERTIFICATION: I/WE CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STANTMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW, TITLE 18, SECTION 1001 OF THE UNITED STATES CODE. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

Signature of Head: _____ Date: _____

Signature of Spouse/Partner: _____ Date: _____

Signature of Family Member: _____ Date: _____

Signature of Family Member: _____ Date: _____

Signature of Family Member: _____ Date: _____

Signature of Family Member: _____ Date: _____

Signature of Family Member: _____ Date: _____

Name of Interpreter: _____ Phone Number: _____

Signature of Interpreter: _____ Date: _____